



Summer 2023

VA Insider

Authored by Kepro DMAS Staff



LET'S TALK DENIALS

HOW TO PREVENT SERVICE AUTHORIZATION DENIALS – ALL PROVIDER TYPES

1. Always check a Member's eligibility at the time of admission and submit the request to the correct service authorization entity (Kepro or MCO). To verify eligibility Providers can use:
 - a. DMAS MediCall line at 1-800-772-9996 or 1-800-884-9730 (outside of Richmond), or (804) 965-9732 or (804) 965-9733 for Richmond and the surrounding counties
 - b. Automated Response System (ARS) at www.viriniamedicaid.dmas.virginia.gov
2. Submit request on or before the start of care date. Check the specific DMAS provider manual for your service type for additional information.
3. Submit any requested additional information by the due date.
Example:
 - Justification for hours requested
 - Certificate of Medical Necessity
 - Long-term/Short-term Goals

FOR DURABLE MEDICAL EQUIPMENT PROVIDERS

- Submit a valid Certificate of Medical Necessity (CMN).
 - All required fields need to be completed.
 - Requested dates are covered.
 - Physician signature/date within 60 days of the start date.
- Respond to any request for additional information.

FOR WAIVER PROVIDERS

- Justify any excessive hours requested.
 - ADL time over 4 hours per day.
 - IADL time over 2 hours per day.
 - What social activity is to be done if social is marked.
- Requesting Supervision hours over 5 days/week.
 - Submit employment verification for each member in the home over 14 years old.
 - Submit school schedule for each member in the home.
- Requesting supervise meds under Special Maintenance.
 - Aide/paid attendant cannot determine dose or administer medication.

ATREZZO UPDATES

Kepro will be transitioning to Atrezzo Next Generation (ANG). ANG will require the same information as the current Atrezzo (ATZ) requires for a request.

➤ ATREZZO NEXT GENERATION (ANG) PROVIDER TRAINING ⚡

PROVIDER PORTAL ADMINISTRATOR TRAINING

DATE	TIME	REGISTER	CURRICULUM
Monday, June 5	10:00am	Register Here	<ul style="list-style-type: none"> • Provider Portal Login • Provider Multi-Factor Registration • Provider Administrator Role <ul style="list-style-type: none"> -How to add and manage users -Reset accounts -Registering multiple provider locations
Thursday, June 8	9:00am	Register Here	
Wednesday, June 14	12:00pm	Register Here	
Tuesday, June 20	11:00am	Register Here	
Thursday, June 22	4:00pm	Register Here	
Friday, June 23	9:30am	Register Here	
Monday, June 26	9:00am	Register Here	

PROVIDER PORTAL SYSTEM TRAINING

DATE	TIME	REGISTER	MODULE
Monday, June 12	2:00pm	Register Here	Provider Portal Login
Wednesday, June 14	4:00pm	Register Here	Submitting New Requests
Friday, June 16	12:00pm	Register Here	Completing Saved Requests
Tuesday, June 20	2:00pm	Register Here	Submitted Request Status
Wednesday, June 21	8:00am	Register Here	Determination Letters
Wednesday, June 21	3:00pm	Register Here	Uploading Additional Clinical Documentation
Thursday, June 22	10:30am	Register Here	Extending Approved Request
Thursday, June 22	2:00pm	Register Here	Copy Current Request
Friday, June 23	10:30am	Register Here	Requesting Revisions
Friday, June 23	2:00pm	Register Here	Sending/Receiving Messages
Monday, June 26	11:00am	Register Here	Requesting Peer to Peer
Tuesday, June 27	2:00pm	Register Here	Understanding Admin Set Preferences
Wednesday, June 28	1:00pm	Register Here	Changing Provider Context
			Forgot/Reset Password

Be on the lookout for training information! Additional information can be found on our website at dmas.kepro.com.

DMAS UPDATES

With the Public Health Emergency (PHE) unwinding DMAS and DSS have begun the redetermination process for 2 million members (everyone will have a redetermination in the next 12 months). The annual eligibility redeterminations were on hold with the pandemic. We are now performing the annual eligibility redeterminations on all members. This means that some members will no longer be eligible for Medicaid, and therefore no longer eligible for services.

****** It is extremely important for providers to check a Member's eligibility prior to submitting a request to Kepro.******

DMAS & KEPRO EXPANDING PARTNERSHIP

Effective 11/1/2023 Kepro will be providing both Physical Health and Behavioral Health utilization management for FFS Medicaid. [Notice of Award for RFP 2022-06 Service Authorization and Specialty Services Contract](#). Please be on the lookout for additional memos/bulletins.

NEWEST & LATEST INFORMATION

Please check DMAS/Kepro website for Hot Topics.

INPATIENT PROVIDERS - NON-RESIDENT ALIEN EMERGENCY ADMISSIONS effective 3/13/2023

- Kepro has started to do reviews for these Members 03/13/2023.
- Requests are to be submitted to Kepro using the secure provider portal, Atrezzo.
- Admission dates on or after 07/01/2022 can only be submitted to Kepro.
- Timeliness will be waived until 04/30/2023.
- Starting 05/01/2023 all requests must be submitted following all Acute Inpatient timeliness guidelines.
- These requests are for emergency hospital admissions only.
- The admission must be preceded by treatment and transfer from an Emergency Department.
- Documentation for a hospital-to-hospital transfer needs to include the Emergency Department records, inpatient admission certification and discharge note or transfer summary that emergent care is still necessary.
- The link to the full Medicaid Memo is <https://vamedicaid.dmas.virginia.gov/memo/hospital-providers-submit-requests-non-resident-alien-emergency-inpatient-admissions-kepro>

GENERAL INFORMATION FOR ALL PROVIDERS

- All hospital requests must be submitted fully, including condensed/summarized clinicals, within one business day of admission.
- For non-hospital providers, requests for continued care are to be made within 30 days of the current authorized end date.
- There are no automatic renewals of service authorizations.
- Providers must submit requests for continuation of care needs, with supporting documentation, prior to the expiration of the current authorization.
- If a request is pended, the provider must submit all information timely in response to the pend. All information must be submitted at one time since the request will be reviewed and processed upon initial receipt of the pended information.
- Providers must verify member eligibility prior to submitting the request to Kepro. There are several mechanisms available for providers to verify member eligibility, i.e., DMAS Provider Helpline, MediCall, and/or the Virginia Medicaid Web Portal.
- Authorizations will not be granted for periods of member or provider ineligibility. Should member eligibility be re-instated, it is the provider's responsibility to contact Kepro to extend the authorization.
- There is no retroactive authorization period, except in instances of a member's retroactive Medicaid eligibility.
- Providers must submit a service authorization request under the appropriate service type.

TRAINING

Don't forget to sign up for Atrezzo Next Generation (ANG) training for Provider Administrators and Provider Portal Training.